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<sup>a</sup>  
Dissertation  
<sup>on</sup>  
Peritonitis

by Wyatt Christian -

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## Peritonitis

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The subject which I have selected for this dissertation, were which I have had no opportunity except from study, of becoming acquainted with. It is a fact, but little understood by the most eminent writers, if we may be allowed to judge, from the great diversity of opinions existing among them, as to the nature & mode of treatment. Peritonitis, presents such a diversified character, so many symptoms of other diseases more trivial in their nature, that it has become one of the most fatal diseases with which we are acquainted. Whether this would really be the consequence, were the disease properly characterised, & clearly understood in every case from the beginning I cannot determine. I am disposed, to think it would not. Certainly there appears in the structures of the Peritoneum, nothing which should make an inflammation in this membrane in any respect different, or more difficult to subdue, than in the pleura. It may perhaps be said, that, the difference does not depend on any peculiarity in the structure of this membrane, but in consequence of its connection with organs of more importance to the well being of the animal economy.

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This I am compelled to oppose; notwithstanding the prevail-  
ing opinion of Physicians at the present day, respecting the  
powerful influence of the digestive system, over all other parts  
of the body.

I cannot be made to believe, that the heart, when  
effric is so very important, that its action cannot be suspen-  
ded for the shortest interval. without a final cessation of  
life being the unavoidable consequence, can be of less impor-  
tance, or less affected by disease, than the alimentary canal  
& it must be conceded, that they have exactly the same  
connexion, the one with the Peritonæum, & the other,  
with the Pleura. How then are we to account for a greater  
or fatality in Peritoneal inflammation, than Pleurisy?  
This question may I think be very easily settled; if we ad-  
mit, which we know very frequently to be the case, that  
Peritoneal inflammation, is from its complex symptoms,  
very frequently mistaken for other diseases less violent in  
their nature, which call for remedies directly, to what are  
here proper, & prevent the use of those which would be  
serviceable.

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Another cause which has stamped, Peritoneal inflammation with a fatal character, is its occurring most frequently, indeed I might say generally, in females after difficult parturition, when the subject of the disease becomes so much exhausted, as to be very ill calculated to bear the most trivial disease. Would not a case of Pleurisy under such circumstances be equally fatal?

Peritonitis commences with a chill, which is soon followed by fever, with a small chroided & frequent pulse, but in the early stage of this disease, the symptoms which evince the nature of it, are the heat & pain of the abdomen which are confined to one particular spot, or extended over the whole of it. The fever is attended with great thirst; accompanied with dryness of the tongue & fowers. Such are the ordinary circumstances under which this disease first makes its appearance. But in the course of 24 hours, the severity of the Pelly is so much increased, as not to bear the bed clothes. The pulse now beats from 115, to 140 strokes, in a minute; the abdomen becomes very tense & swollen. Now we behold our patient, lying on her back, with her knees bent,

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on her abdomen, in which situation the patient, is more at ease; as it relaxes the abdominal muscles.

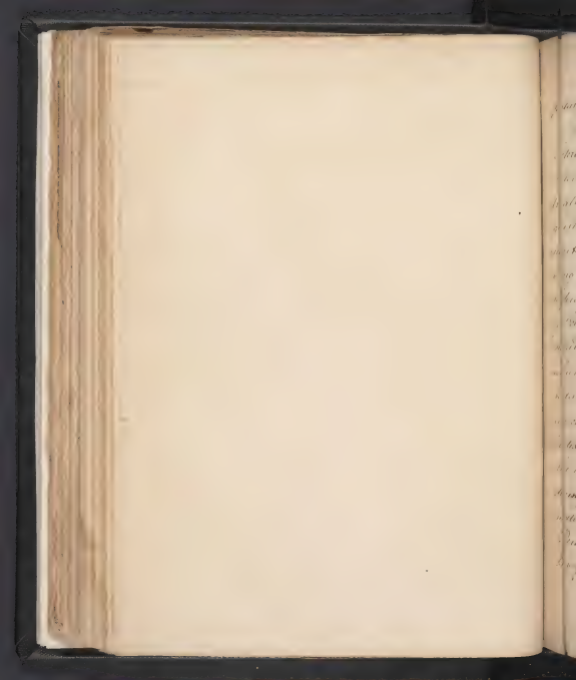
As this disease advances the symptoms become highly aggravated, & it frequently happens, that they suddenly cease, as if from the effects of the remedies we have used; the latter is generally a certain indication of death, the pulse becomes smaller & more frequent, the patient, is much troubled with vomiting a dark bilious matter, resembling the black vomit in Yellow Fever; this takes place copiously, & at short intervals, accompanied with cold clammy sweats, cold extremities, haggard countenance, & laborious breathing. When the patient can lie with her extremities extended when the pulse is less frequent, & fuller the skin moist, & cooler, respiration less laborious, pain & tension of the abdomen diminished, & the faces discharged at proper intervals, we may regard these as favourable signs of the disease.

Dissections inform us of the mischief of this disease. Inflammation is found extending through the whole of the Peritonæum, particularly in that part,

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which covers the intestines. It is curious, that the inflammation never extends beyond the mucous membrane of the mouth, the abdomen whilst it is found to penetrate through every coat of the intestines.

Young practitioners are much in the habit of prescribing for diseases from the state of the pulse, according as it is excited or not, without regard to other circumstances. That much injury has been done, & this has been the case in this disease which has had a considerable share in rendering it so often fatal. Let it be always recollected, that when the digestive system is disordered, whether it be idiopathic or symptomatic, that the organs of the vascular system are so disordered, as to present a state approaching to the lowest grade of prostration, which in some degree is little in a state of excitement & requires the most active & in a sense remedial. Here then the pulse which is in most other cases as in our land, to us, as the case is to the mariner at sea, becomes delusive & if we were to follow it, it would not only lead us from our path of curations, but cause us to hasten the destruction of our



patients.

Peritonitis has become the term confounded, with  
Enteritis, Colic & after pains. As respects the first, no con-  
siderable danger can result from the mistake, as the  
treatment is nearly the same: but it may be distin-  
guished from Enteritis by the pain being more, more  
marked by its being increased by pressure, & by its not  
being diminished, if an evacuation from the intestines  
is produced. But as the difference in the treatment  
of Colic & after pains is so great from peritonitis, we  
should be particular in noticing these symptoms, by  
which this can be distinguished. From Colic it can  
be distinguished, by pressure on the abdomen producing  
very considerable pain, which pressure very frequently re-  
sorted to by patients labouring under colic in consequence of  
the relief it affords, also by evacuation from the bowels, pro-  
ducing no relief of the symptoms in Peritoneal inflam-  
mation, & being of infinite service in the other. But  
Peritoneal Inflammation is more frequently mis-  
taken for after pains, & this mistake is much more dan-

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serious. Many women, I have no doubt, die from this cause. It is customary for almost all women to be affected with after pains, & it is equally very common for midwives, & old women to be acquainted with the mode, & believe them; but men at the same time being acquainted with the nature & consequences of the disease, they consider every pain in the region of the Uterus, whether it be produced by inflammation, or spasm, whether it occurs in the first, or third week after parturition, to be considered as after pains & treated as such by an antispasmodic, or some stimulative medicine.

Now suppose a case of peritoneal inflammation to exist, what would result from this treatment? The inflammation would be increased ten fold every dose; it would extend with the utmost rapidity, not only over the Peritonium, but over all the viscera, with which it is connected.

And when the Physician is called he finds his patient lying on her back, with her abdomen tense & painful, her strength prostrated to the lowest degree;

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in actuating cells, her pulse scarcely perceptible, & with  
all the other symptoms which mark the acute tumi-  
dation of this disease. It is now to all intents & purposes  
too late, unless on the one hand we have the most evi-  
dent marks of violent inflammation, & on the other  
such a prostration of the system that a reaction  
in many instances cannot take place. But might  
not all this be prevented? I answer yes, for nothing  
is easier in the just commencement, than to distin-  
guish this disease. After pains long, violent  
& spasmodic, there are complete intervals of ease between the  
pains & even during some of the time, whilst in  
violent inflammation, the pain is constant &  
much aggravated by pressures on the abdomen.  
Treatment . After the history of this disease, it  
would seem that there ought to be no doubt, as to  
the proper practice; but unfortunately there is no  
point more controverted: on the one hand, we have  
some of the most respectable practitioners hold the opinion  
of avoiding the most powerful stimulants, particularly



large doses of opium, whilst on the other side, those of no inferior standing recommended the depleting plan, carried to the furthest extent.

We have here a case of the most active inflammation, which appears all others to exceed, with the most rapid strides, to a final dissolution. & no case of disease ever required a more prompt use of our lancet, it is moved our only method of hope. Now it ever should have been bled. I cannot imagine

But strange indeed, are the views of medicine now on particular subjects, & this case presents perhaps as plain an instance as any other, of injurious practice arising from false theory, which was not only successful in the ~~folly~~ of a madman & Co. but his authority extended to the present day. The apparent prostration of the system shown by the pulse, which I have just observed, is also deceptive, & the circumstance of its occurring in the morbid state must account for the wild hypothesis, & consequently the great diversity of practice. Ever since

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the downy medicine, as ever has been, for some ma-  
ny of the physicians, as is the management of puerpe-  
ral women. They particularly forbid, the use of the can-  
dle, in every case that comes under this, mixed  
nature is in the month, and induces excitement or  
debility. saying that the patient is by the force of  
parturition too much exhausted to bear any such  
operation. This doctrine has been productive, I have no  
doubt of much misery, for puerperal women bear  
bloodlettings much better than in any other state.

We must manage a very easy delivery,  
with the patient, otherwise, I do not believe even  
the smallest degree of fever accompanied with a swelling  
of the abdomen, and of the different membranes should  
be used, for in many instances a gentle cathartic,  
diaphoretic, will be more beneficial, in the com-  
mencement of Peritonitis, than surgical blood-  
lets, after the disease is fixed.

When we are called in the just stage of this  
disease, Terebination is our principle remedy, it should



is carried to the greatest extent, regardless of the pulse, which  
 is never active, but always depressed in proportion, as the  
 case is violent. It will be sometimes necessary to bleed  
 thirty or forty ounces at the first operation. In the  
 course of six or twelve hours repeat it again, & carry it to  
 the same extent. But when we are called in the late  
 stage of this disease, where the extremities have become  
 cold with a pulse very quick & weak our practice  
 should be somewhat different; here we should bleed  
 not more than such large bleedings as are recommen-  
 ded above. Nevertheless the lancet is our chief depen-  
 dence. It should be used with much circumspection,  
 withholding precautionary. The effects, induced by the flow-  
 ing of the blood. In some cases we can only draw a few ounces  
 at the first operation, but by repeating it at proper  
 intervals, & regulating the quantity, or the state of the  
 system, we may arrive at that state of septicæmia  
 under which the patient is struggling, & then we advance more boldly with other  
 remedies.



After general bloodletting, we must next extract blood by local means. Cups & leeches should be applied to the abdomen, in such numbers as to produce a considerable discharge. This produces a determination of blood to the surface of the body, & is of great service even in cases, where the leech is further indicated. Next to local bloodletting we should apply a large blister over the abdomen, & keep up the discharge from the surface as long as possible.

By vigorously pursuing these measures, we may frequently check a step to the disease, but generally, we have to call in other remedies to their aid particularly cathartics & diaphoretics. The first of these have only been recommended to be administered, so as to bring the bowels in a scissile state. Dr. Chapman is of opinion, in his lectures upon medicine, no more of summer & winter, but that we must be guided by the condition of the stomach & bowels in each season. In Peritoneal inflammation, presenting symptoms not at all different, from those for which we would

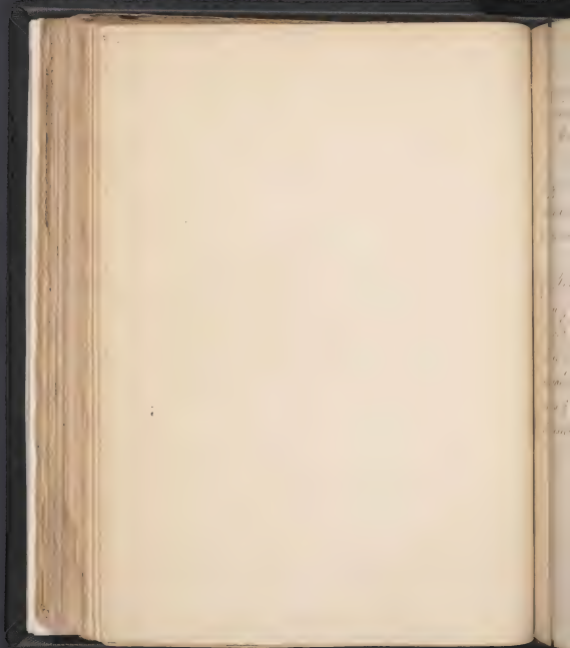


permissible active purging in other diseases. In purgation  
 for all authors concur in recommending *Hydragor*; if  
 there exists but little difference between the two diseases  
 it seems as blood letting has been practised, we  
 should administer an active Cathartic, for we then  
 will produce the desired effect. Calomel mixed with  
*Scammony*, *Jalap*, or *Rhubarb* will be best adapted for  
 this purpose. But there is a stage of this disease when  
 these medicines cannot be used. This is when the in-  
 flammation has extended to the intestines; in this  
 case these drastic medicines by their stimulating powers  
 would increase the inflammation in those organs. Here  
 the saline Cathartics should be used as to keep the  
 bowels open.

When the lancet has been used a few  
 more evacuations may be made, as in  
 the *Diaphoretics*, with the most singular success. This  
 however is much better than the other, and  
 gives no recommendation. It is on some said, to act like  
 a warm. These most commonly employed are external







incurable act in this disease which is so singular & well  
known.

It only remains for me to mention, that throughout  
in such cases, the patient should be  
kept in a cool & quiet, moderate nature, adminis-  
tered in small quantities, & repeated often, so as never  
to excite any demand.

There is another sort of anthers, a chronic one  
Pellagra attack & with some slight swellings, &  
pain in the abdomen, you give you a glass; not thin;  
thick & more loquacious, sometimes the face is pale  
the disease is more or less treatment with some  
moderate. Such as - moral & local bloodletting, blis-  
ters & diaphoretic. & a strict adherence to the antipe-  
riodic regimen.



